

Office Use Only:

Date Called: _____

Initials: _____

Comment: _____

**City of Rockville
Department of Recreation and Parks**

**ROCKVILLE SENIOR CENTER
VOLUNTEER APPLICATION**

Name: _____

Gender: ☐ Female ☐ Male

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home _____ Work/Other _____

E-mail: _____

Emergency Contact Name: _____ Phone# _____

Please specify area of interest: _____

Where would you like to volunteer? (You may check more than one):

- ☐ Information Desk Helper
- ☐ Snow Removal (for senior citizens)
- ☐ Home Improvement
 - (Painter, Plumber, Electrician, ECT.)

Duty: _____

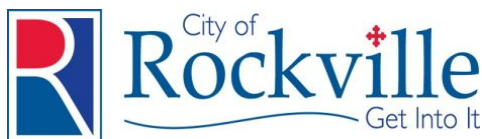
- ☐ Community Service (Please check off)
 - Rockville Commission Committee
 - Rockville Senior Inc. Board (RSI)

☐ Annual Bazaar (Indoor Yard Sale)

- ☐ Gift Shop
 - Cashier

- ☐ Translator/ Interpreter
 - Language: _____

- ☐ Lunch Helper
- ☐ Special Events
- ☐ Newsletter Assembly (once a month)
- ☐ Thrift Shop
 - Clerk
 - Organize Donations
- ☐ Garden Plot Helper
- ☐ Green House (Needed to water plants only)
- ☐ Wednesday Evening Bingo
 - Collect Admission
 - Kitchen Duty
 - Floor Duty
 - Caller



Note:

*Thank you in advance for your interest.
We try to accommodate all interested
volunteers. Some positions might be
more available to fill sooner than others.
~We appreciate your patience.*

Availability:

☐ Monday AM

☐ Monday PM

☐ Tuesday AM

☐ Tuesday PM

☐ Wednesday AM

☐ Wednesday PM

☐ Thursday AM

☐ Thursday PM

☐ Friday AM

☐ Friday PM

Are you willing to be a substitute?

☐ Yes ☐ No

Skills and Experience:

Other Volunteer Experience:

If volunteer is under 18 years of age, a parent or guardian must consent to an application working as a volunteer.

Parent/ Guardian Signature _____ **Date** _____



Please return this application to:

Rockville Senior Center
1150 Carnation Drive
Rockville, MD 20850

Monday- Friday: 8:30 a.m.-5 p.m.
Office: 240-314-8800
Fax: 240-314-8809